

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	1						
2		1					
3							
4							
5		1					
6		1					
7							
8							
9		1					
10		1					
11							
12							
13							
14		1					
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32		1					
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34		1					
35		1					
36		1					
37		1					
38		1					
39		1					
40		1					
41		1					
42		1					
43		1					
44	1						
45							
46							
47							
48							
49							
50							
TOTAL IND.	1	1					
TOTAL DEP.	1	1					
TOTAL CLAIMS	1	1					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

TOTAL IND.		1					
TOTAL DEP.		1					
TOTAL CLAIMS		1					

Best Available Copy